

## Southern Insight Meditation Retreat Registration Form

(Closing date for registration 26 January 2018)

Name of retreat teacher:	<b>Yanai Postelnik</b>	Retreat dates, please indicate your option:: <b>2-6<sup>th</sup> February (4 Days)</b> <b>2-11<sup>th</sup> February (9 Days)</b>			
Your name:		Age:			
Address:		Occupation:			
Telephone:		Email:			
System of payment. Please indicate which way you will be paying.			Amount of Deposit (\$50 minimum)		
	Online banking: - Southern Insight Meditation Kiwibank <b>38-9017-0230890-04</b> , please include Retreat code <b>FebYP2018</b> with payment				
	Cheques payable to: Southern Insight Meditation				
	Cash				
Please outline in detail your background in meditation, if any (no./dates of retreats and name of teacher, type of tradition, years experience). It is important to complete this section carefully, as this is how the teacher determines your group for interviews:					
Medical History: In order to enable the teacher to provide appropriate guidance and support for you on the retreat, please contact Chrys 027 286 8653 or Sarah 027 6693824 if you currently have or in the past have had any of the following. Answering 'Yes' to any category does not mean you will be unable to participate in the retreat. This information is treated as confidential.					
Asthma		Cancer		Chronic Fatigue	
Alcohol or Drug Dependency		Eating Disorder		History of Psychiatric Illness	
Mild or Severe Depression		Heart Disease		Any Long Term Chronic Illness	
Recent Major Surgery		Anything else we need to know about			
Do you require transport to/from the retreat?	Yes	No	Can you offer someone a ride to/from the retreat	Yes	No
Food on retreat is vegetarian, with a vegan option. For practical reasons any other diets cannot be catered for unless medically required.			Vegan option	Yes	No
Do you have any other special needs?					
The retreat fee covers all meals, facility hire, the teacher's travel expenses, and admin costs. A subsidised rate of anywhere between half and full price is also offered for those on low incomes only. If you are able to, we ask that you pay the full amount, which is the actual cost of your retreat. If your financial circumstances preclude this, please pay the maximum amount you are able to, and Southern Insight will subsidise your retreat by the remainder. The balance is payable when you arrive at the retreat.					
Please tick if you will need to pay less than the full cost.				Amount:	
Contact person in case of emergency:		Name:			
		Phone number:			
Where did you hear about this retreat?					
By submitting this form, I agree to take full responsibility for myself during the retreat and to follow the retreat guidelines and the instruction of the teacher. I understand that this retreat is undertaken and continued with the agreement of the teacher(s).					
Name:		Date:			
Either print and post to:		265 Kennedys Bush Rd, Christchurch 8025, New Zealand			
Or save and email as attachment to:		southern.insight.meditation@gmail.com			